

FLINT-GOODRIDGE HOSPITAL

SUPERINTENDENT'S
REPORT
1941

Nineteen forty-one completes the tenth year of Flint-Goodridge as a unit of Dillard University. This decade has seen much growth of the institution, public understanding and acceptance by the community and nation.

Flint-Goodridge Hospital of Dillard University is the dream-child of many sources. A half century ago a small group of colored women dreamed of an institution where members of their race could receive proper medical attention and training. The institution was first known as the Phyllis Wheatley Hospital. After a few years New Orleans University took over the project, and through years of development, it became the Sarah Goodridge Hospital and later reached its present status.

"A hospital may be a distinguished

institution, no matter what its size.

If it is great in spirit, original in

its outlook, creative in its service and

inspiring in its community relationships,

it will assume a definite personality." . .

The coming of Dillard University gave physical birth and incentive to the new institution. The development of the hospital has been two-fold:

- 1) Toward the growth of the institution as a health center and hospital to serve the needs of the sick.
- 2) Toward development of educational and public health programs for our physicians.

HOW HAS FLINT-GOODRIDGE MADE THESE DEVELOPMENTS DURING THE PAST TEN YEARS?

An indication of the growth of community acceptance and the hospital's service is shown by the following comparative figures:

| | 1931 | 1936 | 1941 |
|-----------------------------------|-------|-------|--------|
| Persons served in Hospital Beds | 977 | 1,679 | 2,426 |
| Persons served in General Clinics | 1,568 | 3,365 | 12,538 |
| Persons served in Emergency Room | 873 | 1,735 | 1,881 |

MATERIAL AND CHILD WELFARE

In 1932, one out of five babies born in New Orleans came into the world without the aid of a physician. That year the infant mortality rate among Negroes of New Orleans was 118 per thousand compared with 64 for the whole United States and 57.37 for the New Orleans general population. Flint-Goodridge was very much needed by the early days.

Nineteen forty-one completes the tenth year of Flint-Goodridge as a unit of Dillard University. This decade has seen much growth of the institution, public understanding and acceptance by the community and nation. Flint-Goodridge Hospital of Dillard University is the dream-child of many sources. A half century ago a small group of colored women dreamed of an institution where members of their race could receive proper medical attention and training. The institution was first known as the Phyllis Wheatley Hospital. After a few years New Orleans University took over the project, and through years of development, it became the Sarah Goodridge Hospital and later reached its present status.

The coming of Dillard University gave physical birth and incentive to the new institution. The development of the hospital has been two-fold:

- 1) Toward the growth of the institution as a health center and hospital to serve the needs of the sick.
- 2) Toward development of educational and public health programs for our physicians.

HOW HAS FLINT-GOODRIDGE MADE THESE DEVELOPMENTS DURING THE PAST TEN YEARS?

An indication of the growth of community acceptance and the hospital's service is shown by the following comparative figures:

| | 1932 | 1936 | 1941 |
|-----------------------------------|-------|-------|--------|
| Persons served in Hospital Beds | 977 | 1,679 | 2,426 |
| Persons served in General Clinics | 1,858 | 3,365 | 12,538 |
| Persons served in Emergency Room | 673 | 1,735 | 1,881 |

MATERNAL AND CHILD WELFARE

In 1932, one out of five babies born in New Orleans came into the world without the aid of a physician. That year, the Flint-Goodridge Hospital. The United States Children's Bureau has discussed this possibility and is very much interested in cooperating with the hospital in the organization of such a training program. Our local approach to the maternal and child welfare was very little used for maternity services during the early days. The problem began toward the end of 1932 when we drastically reduced the popularity and wide use of midwives during this period was evident and rate far maternity service below or at least equal to the fee charged undoubtedly contributed in a large measure to the high infant mortality by the midwives. This increased the number of obstetrical cases, but the reduction of the rates was not sufficient.

Although in 1941 ninety-five percent of babies born in the city of New Orleans were born in a hospital, the percentage of deliveries by midwives in the rural areas of Louisiana and vicinity is still high.

Fifty-six percent of the Negro births in the United States annually are not attended by a physician. In many rural areas of the lower central southern states this percentage is much higher.

It is believed that until such time as enough physicians will be available, and that will be many years hence, a most desirable step in the direction of improving the maternal and child health services in rural areas would be the placing of graduate nurses who have also been trained in midwifery in these areas to operate in the employ of official or voluntary health agencies and under the direction of a physician.

| | | | |
|---------------|-----|-------|-------|
| Clinic Visits | 17 | 206 | 419 |
| Births | 102 | 1,073 | 2,067 |
| | 63 | 181 | 348 |

Nineteen forty-one completes the tenth year of Flint-Goodridge as a unit of Dillard University. This decade has seen much growth of the institution, public understanding and acceptance by the community and nation.

Flint-Goodridge Hospital of Dillard University is the dream-child of many sources. A half century ago a small group of colored women dreamed of an institution where members of their race could receive proper medical attention and training. The institution was first known as the Phyllis Wheatley Hospital. After a few years New Orleans University took over the project, and through years of development, it became the Sarah Goodridge Hospital and later reached its present status.

The coming of Dillard University gave physical birth and incentive to the new institution. The development of the hospital has been two-fold:

- 1) Toward the growth of the institution as a health center and hospital to serve the needs of the sick.
- 2) Toward development of educational and public health programs for our physicians.

HOW HAS FLINT-GOODRIDGE MADE THESE DEVELOPMENTS DURING THE PAST TEN YEARS?

An indication of the growth of community acceptance and the hospital's service is shown by the following comparative figures:

| | | |
|-----------------------------------|-------|--------|
| Persons served in Hospital Beds | 1932 | 1941 |
| Persons served in General Clinics | 977 | 1,879 |
| Persons served in Emergency Room | 1,828 | 3,362 |
| | 673 | 1,732 |
| | | 12,238 |
| | | 2,426 |
| | | 1,881 |

MATERNAL AND CHILD WELFARE

In 1932, one out of five babies born in New Orleans came into the world without the aid of a physician. That year, the infant mortality rate among Negroes of New Orleans was 119 per thousand as compared to 64.6 per thousand for the whole United States and 87.37 per thousand for the New Orleans General population. The popularity and wide use of midwives during the early days. The undoubtedly contributed in a large measure to the high infant mortality rate in this area.

Although in 1941 ninety-five percent of babies born in the city of New Orleans were born in a hospital, the percentage of deliveries by midwives in the rural areas of Louisiana and vicinity is still high.

Fifty-six percent of the Negro births in the United States annually are not attended by a physician. In many rural areas of the lower central southern states this percentage is much higher. It is believed that until such time as enough physicians will be available, and that will be many years hence, a most desirable step in the direction of improving the maternal and child health services in rural areas would be the placing of graduate nurses who have also been trained in midwifery in these areas to operate in the employ of official or voluntary health agencies and under the direction of a physician.

An effort is now under way to provide such training at Flint-Goodridge Hospital. The United States Children's Bureau has discussed this possibility and is very much interested in cooperating with the hospital in the organization of such a training program.

Our local approach to the maternal and child welfare problem began toward the end of 1932 when we drastically reduced the rate for maternity service below or at least equal to the fee charged by the midwives. This increased the number of obstetrical cases, but the reduction of the rates was not sufficient.

The hospital was of the opinion that a social worker on the staff of the hospital could develop an educational program among certain types of women, and could arouse interest and show the importance of proper prenatal, delivery and post natal care. This aroused interest would be of an educational benefit to the community and would also directly increase the occupancy of the hospital.

The hospital finally was enabled to employ a social worker to do this work. Later we continued with a public health nurse through the largess and generosity of the Rosenwald Fund. The favorable result is partly indicated by the following comparative figures of:

Obstetrical Clinic Visits And Births

| | 1932 | 1936 | 1941 |
|-----------------|------|-------|-------|
| Clinic Patients | 17 | 206 | 419 |
| Clinic Visits | 101 | 1,073 | 2,067 |
| Births | 63 | 181 | 348 |

major clinics in New Orleans. We have continually promoted the idea - a gain the hospital as a public service to the community.

an effort is now under way to provide such training at Flint-Goodridge Hospital. The United States Children's Bureau has discussed this possibility and is very much interested in cooperating with the hospital in the organization of such a training program. Our local approach to the maternal and child welfare problem began toward the end of 1932 when we drastically reduced the rate for maternity services below or at least equal to the fee charged by the midwives. This increased the number of obstetrical cases, but the reduction of the rates was not sufficient. The hospital was of the opinion that a social worker on the staff of the hospital could develop an educational program among certain types of women, and could arouse interest and show the importance of proper prenatal, delivery and post natal care. This aroused interest would be of an educational benefit to the community and would also directly increase the occupancy of the hospital. The hospital finally was enabled to employ a social worker to do this work. Later we continued with a public health nurse through the largesse and generosity of the Rosenwald Fund. The favorable result is partly indicated by the following comparative figures:

| Obstetrical Clinic Visits and Births | | |
|--------------------------------------|-------|------|
| 1941 | 1936 | 1932 |
| 348 | 181 | 63 |
| 5,067 | 1,073 | 101 |
| 479 | 208 | 17 |

By 1941 the Negro infant mortality rate in New Orleans was reduced to 73.45 per thousand as contrasted to 119 in 1932. During the same period the general population infant mortality was reduced from 87.37 to 56 per thousand.

The infant mortality rate in Louisiana of deaths within the first year had been over 50% higher among Negro babies than whites. During the past decade, we have persistently emphasized the "well baby clinic." Mothers are requested to bring their babies back to this clinic once each month for inspection and advice. These visits are also followed up by the public health nurse in this department.

The following figures show growth in:

Visits to Pediatric Clinic

| 1932 | 1936 | 1941 |
|-------|-------|-------|
| 1,242 | 2,095 | 2,180 |

TUBERCULOSIS

The hospitalization of Negro tuberculosis patients in New Orleans and Louisiana is a real problem. Flint-Goodridge with its present facilities and resources cannot think of approaching the problem. However, we have assumed some responsibility for the control of tuberculosis in New Orleans through early diagnosis and ambulator treatment. We established here the first pneumothorax clinic in the city - a treatment now used by all other major clinics in New Orleans. We have continually presented the needs - again the hospital owes a public service to the community.

By 1941 the Negro infant mortality rate in New Orleans was reduced to 73.42 per thousand as compared to 119 in 1935. During the same period the general population infant mortality was reduced from 87.37 to 56 per thousand.

The infant mortality rate in Louisiana of deaths within the first year had been over 50% higher among Negro babies than whites. During the past decade, we have persistently emphasized the "well baby clinic." Mothers are requested to bring their babies back to this clinic once each month for inspection and advice. These visits are also followed up by the public health nurse in this department.

The following figures show growth in visits to Pediatric Clinic

| | |
|------|-------|
| 1935 | 1,345 |
| 1936 | 2,092 |
| 1941 | 3,180 |

TUBERCULOSIS

The hospitalization of Negro tuberculosis patients in New Orleans and Louisiana is a real problem. Flint-Goodridge with its present facilities and resources cannot think of approaching the problem. However, we have assumed some responsibility for the control of tuberculosis in New Orleans through early diagnosis and ambulatory treatment. We established here the first pulmonary clinic in the city - a treatment now used by all other major clinics in New Orleans.

Realizing the futility of treating just the patient's disease, during 1937 we were able to secure for the tuberculosis clinic a public health nurse whose responsibility it is to bring into clinic all contacts, to see that the doctor's orders are carried out at home and to insist upon regular clinic attendance.

A complete physical examination is now made on all patients who come to the clinic before they are referred to a special therapy department. A routine fluoroscopic examination of the chest and x-ray when indicated for tuberculosis is now part of the regular clinic procedure.

The future of our program in tuberculosis envisages the employment of a physician to care for our increasing number of patients and expand the department. *again the question of budgets.* A lack of sufficient personnel in this department has prevented Flint-Goodridge Hospital from doing the kind of job that the local tuberculosis problem demands.

SYPHILIS

The progress and results of our syphilis program have been more than gratifying. The prevalence of the venereal diseases presented a problem of unusual proportions.

Our first all-out step to tackle this problem was a six week program in conjunction with the New Orleans Social Hygiene Committee in 1935. This included lectures on social hygiene, sex education and venereal disease control, presented in schools and colleges, to faculty groups, to students above high school grade and to parent-teacher associations. Moving pictures were shown. A night institute for social workers and public health ~~nurses~~ was conducted.

JULIUS ROSENWALD FUND

A large part of the program of Flint-Goodridge Hospital has been subsidized by the Rosenwald Fund. In 1937 a three year Ministerial groups were consulted with a view toward encouraging proper medical examinations.

The treatment of syphilis is a long drawn out, expensive procedure, requiring intensive treatment when found in the early stages. Our clinic admitting officer, a full time physician, makes a complete physical examination of all patients, including

routine blood tests. If there is any indication of syphilis, the patient is referred to the venereal disease department.

All registrants to this clinic are interviewed by the public health nurse, and an effort is made to bring for examination and treatment if indicated, all known sexual and family contacts.

In the early days of the establishment of this clinic, it was found that a large number of the persons needing the services of this clinic were unable to come during the day. Consequently we established similarly conducted bi-weekly night clinics.

We have been able to accomplish much of our work, and encourage the growth of this effort through the help, cooperation and subsidy of the New Orleans City Health Department and the United States Public Health Service. These agencies have provided the salaries of six full time employees to help in carrying out

GROWTH OF SYPHILIS CLINIC

| | 1937 | 1938 | 1939 | 1940 | 1941 |
|----------------|-------|-------|-------|--------|--------|
| Persons Served | 142 | 349 | 312 | 1,139 | 1,645 |
| Clinic Visits | 3,890 | 5,983 | 6,329 | 17,071 | 28,397 |

Realizing the difficulty of treating just the patient's disease, during 1937 we were able to secure for the tuberculosis clinic a public health nurse whose responsibility it is to bring into clinic all contacts, to see that the doctor's orders are carried out at home and to insist upon regular clinic attendance. A complete physical examination is now made on all patients who come to the clinic before they are referred to a special therapy department. A routine fluoroscopic examination of the chest and x-ray when indicated for tuberculosis is now part of the regular clinic procedure.

The future of our program in tuberculosis envisages the employment of a physician to care for our increasing number of patients and expand the department. A lack of sufficient personnel in this department has prevented Flint-Goodridge Hospital from doing the kind of job that the local tuberculosis problem demands.

SYPHILIS

The progress and results of our syphilis program have been more than gratifying. The prevalence of the venereal diseases presented a problem of unusual proportions.

Our first all-out step to tackle this problem was a six week program in conjunction with the New Orleans Social Hygiene Committee in 1935. This included lectures on social hygiene, sex education and venereal disease control, presented in schools and colleges, to faculty groups, to students above high school grade and to parent-teacher associations. Moving pictures were shown. A night institute for social workers and public health nurses was conducted.

JULIUS ROSENWALD FUND

A large part of the program of Flint-Goodridge Hospital has been subsidized by the Rosenwald Fund. In 1937 a three year grant of \$22,000 was made for the development of professional personnel and extension of clinical services at the hospital. In 1940, another three year grant for a continuation of the same program was made in the amount of \$20,000.

These grants enabled us to pursue the following program:

- 1) Fellowships for postgraduate study by physicians
- 2) Support of residencies
- 3) Support of public health nursing
- 4) Clinical teaching in tuberculosis
- 5) Establish a dental clinic
- 6) Enabled several members of the administrative staff to be given opportunity for further study along their line of work and thus improve their work at Flint-Goodridge Hospital

Needless to say, the progress which has been made at Flint-Goodridge has been made possible by the grants of the Rosenwald Fund.

OTHER CONTRIBUTIONS

The Congregational and Christian Churches throughout the country by means of their women's clubs and other organizations, continue their generous donations each year. Many useful garments, thousands of surgical dressings and other supplies were sent by these groups. They also sent \$257.84 in cash during 1941.

WOMEN'S AUXILIARY

The Women's Auxiliary of Flint-Goodridge Hospital continues its services to the hospital. Among other activities, they provide funds to buy medicine for our indigent clinical patients.

Ministerial groups were contacted with a view toward encouraging proper medical examinations. The treatment of syphilis is a long drawn out, expensive procedure, requiring intensive treatment when found in the early stages. Our clinic admitting officer, a full time physician, makes a complete physical examination of all patients, including routine blood tests. If there is any indication of syphilis, the patient is referred to the venereal disease department. All registrants to this clinic are interviewed by the public health nurse, and an effort is made to bring for examination and treatment if indicated, all known sexual and family contacts. In the early days of the establishment of this clinic, it was found that a large number of the persons needing the services of this clinic were unable to come during the day. Consequently we established similarly conducted bi-weekly night clinics. We have been able to accomplish much of our work, and encourage the growth of this effort through the help, cooperation and subsidy of the New Orleans City Health Department and the United States Public Health Service. These agencies have provided the salaries of six full time employees to help in carrying out this program.

GROWTH OF SYPHILIS CLINIC

| 1937 | 1938 | 1939 | 1940 | 1941 |
|-----------|-----------|-----------|-----------|-----------|
| 3,880 | 2,983 | 6,352 | 14,047 | 28,391 |
| 145 | 345 | 375 | 1,173 | 1,645 |
| Personnel | Personnel | Personnel | Personnel | Personnel |
| Visited | Visited | Visited | Visited | Visited |

This group of over three hundred women have been one of the hospital's staunchest supporters. Each year they sponsor National Hospital Day, a Christmas party for the children's ward -- and in past years they took the responsibility for the beautification of the lawn. In addition they have from time to time donated various pieces of equipment to the hospital.

NYA AND WPA PROJECTS

A great factor in helping Flint-Goodridge Hospital in carrying the burden of much of its program lay in the assistance gotten from the NYA and WPA projects in the way of employees. Young people are sent to us to learn by doing. In exchange for their labor, we teach these people the skills of the various jobs to which they are assigned. The WPA has assigned people to work with us in carrying out their program of rehabilitation.

PENNY-A-DAY-PLAN

The Flint-Goodridge Hospital Group Service Plan has an approximate membership of 3,000. During 1941 the plan paid hospitalization bills for subscribers to the amount of \$7,875.38. Since its organization in 1936, the plan has paid \$28,200.90 in hospital bills for the membership.

Total collections from membership since organization is \$42,729.24. Hospitalization and administrative expenses amount to \$39,271.02, leaving a balance in bank of \$3,458.22. The Rosenwald Fund subsidy of \$4,500 is still unused.

JULIUS ROSENWALD FUND

A large part of the program of Flint-Goodridge Hospital has been subsidized by the Rosenwald Fund. In 1937 a three year grant of \$25,000 was made for the development of professional personnel and extension of clinical services at the hospital. In 1940, another three year grant for a continuation of the same program was made in the amount of \$30,000.

These grants enabled us to pursue the following programs:

- (1) Fellowships for postgraduate study by physicians
- (2) Support of residencies
- (3) Support of public health nursing
- (4) Clinical teaching in tuberculosis
- (5) Established a dental clinic
- (6) Enabled several members of the administrative staff to be given opportunity for further study along their line of work and thus improve their work at Flint-Goodridge Hospital

Needless to say, the progress which has been made at Flint-Goodridge has been made possible by the grants of the Rosenwald Fund.

OTHER CONTRIBUTIONS

The Congregational and Christian Churches throughout the country by means of their women's clubs and other organizations, continue their generous donations each year. Many useful furnishings, thousands of surgical dressings and other supplies were sent by these groups. They also sent \$257.84 in cash during 1941.

WOMEN'S AUXILIARY

The Women's Auxiliary of Flint-Goodridge Hospital continues its services to the hospital. Among other activities, they provide funds to buy medicine for our indigent clinical patients.

This group of over three hundred women have been one of the hospital's staunchest supporters. Each year they sponsor National Hospital Day, a Christmas party for the children's ward and in past years they took the responsibility for the beautification of the lawn. In addition they have from time to time donated various pieces of equipment to the hospital.

NYA AND WPA PROJECTS

A great factor in helping Flint-Goodridge Hospital in carrying the burden of much of its program lay in the assistance gotten from the NYA and WPA projects in the way of employees. Young people are sent to us to learn by doing. In exchange for their labor, we teach these people the skills of the various jobs to which they are assigned. The WPA has assigned people to work with us in carrying out their program of rehabilitation.

FLINT-GOODRIDGE HOSPITAL GROUP SERVICE PLAN

The Flint-Goodridge Hospital Group Service Plan has an approximate membership of 3,000. During 1941 the plan paid hospitalization bills for subscribers to the amount of \$7,875.38. Since the organization in 1936, the plan has paid \$28,500.00 in hospital bills for the membership.

Total collections from membership since organization is \$42,759.24. Hospitalization and administrative expenses amount to \$39,271.02, leaving a balance in favor of \$3,488.22. The Rosemary Fund liability of \$4,500 is still unpaid.

EDUCATIONAL PROGRAMS

Flint-Goodridge Hospital has recognized its responsibility as a health center, and one of its primary objectives is the providing of educational opportunities for Negro doctors.

Postgraduate Courses for Physicians

The summer postgraduate course held in June of each year has been filling a definite need. Initiated in 1936, twenty percent of the Negro physicians practicing in Louisiana, Texas, Arkansas, Mississippi and Alabama have attended at least one year. The large number of repeaters indicates the value which the doctors of the area place on the instruction they receive.

WEEKLY SEMINARS

As a further development of our educational program, there has been given weekly during the months from October through May, a seminar, conducted for members of the medical staff. The faculty for these lectures, as well as those conducted during the summer Postgraduate Courses, is made up principally of professors in the Tulane and Louisiana State Medical Schools, supplemented by members of our own active staff and some nationally known Negro teachers from other schools.

Public Health Institute for Physicians

In November of 1941, the hospital sponsored in conjunction with the Louisiana State Department of Health, the first Public Health Institute for Physicians. The National Tuberculosis Association, Tuberculosis and Public Health Association of Louisiana, Tuberculosis Committee of New Orleans, United States Public Health Service and United States Children's Bureau.

Fellowships

Ever since the hospital's organization, it has kept foremost the need of special training for members of the medical and administrative staff. In furtherance of this, Flint-Goodridge has been able to secure some scholarships for this study through the Julius Rosenwald Fund. During the past decade four men of our medical staff were sent away for postgraduate study. Some members of the administrative staff were given grants for study and improvement in their work.

Residents

Each year the hospital has given opportunity to four residents or interns to get their practical experience at Flint-Goodridge. Because of the teaching connections, and the high type of consulting service at Flint-Goodridge, internships and residencies have been considered attractive.

NURSING EDUCATION

The School of Nursing which was maintained by the original hospital was discontinued after the 1934 graduation of students from the new institution. Because of the lack of clinical material within the hospital and insufficient funds to promote a school of the standards deemed representative of the Flint-Goodridge ideal, the hospital decided on a temporary closing. But interest in nursing education did not lessen.

Since that time the hospital nursing service has been conducted by a staff of graduates. We have however realized that until we re-establish the school of nursing, the health education

EDUCATIONAL PROGRAMS

Flint-Goodridge Hospital has recognized its responsibility as a health center, and one of its primary objectives is the providing of educational opportunities for Negro doctors.

Postgraduate Courses for Physicians

The summer postgraduate course held in June of each year has been filling a definite need. Initiated in 1936, twenty percent of the Negro physicians practicing in Louisiana, Texas, Arkansas, Mississippi and Alabama have attended at least one year. The large number of repeatere indicates the value which the doctors of the area place on the instruction they receive.

WINTER SEMINARS

In a further development of our educational program, there has been given weekly during the winter from October through May, a seminar, conducted for members of the medical staff. The faculty for these lectures, as well as those conducted during the summer Postgraduate Courses, is made up principally of professors in the Tulane and Louisiana State Medical Schools, supplemented by members of our own active staff and some nationally known Negro teachers from other schools.

Public Health Institute for Physicians

In November of 1941, the hospital sponsored in conjunction with the Louisiana State Department of Health, the first Public Health Institute for Physicians. The National Tuberculosis Association, Committee of New Orleans, United States Public Health Service and United States Children's Bureau.

program of Flint-Goodridge Hospital could not be complete.

We now have the minimum requirement as regards the number of patients. The average patient days have increased from 29.2 in 1932 to 52.9 in 1940 and 64.2 in 1941.

Steps are being taken now to organize and reopen the school of nursing.

EMPLOYEES HEALTH PROGRAM

The tradition of excellent health service, and the growing response and esteem of the community comes about because of the loyal and precise service rendered by the employees of Flint-Goodridge. Effort is made to imbue every employee with the realization that he or she is an integral part of the Flint-Goodridge idea.

As a further step in the direction of employee relationship, a health program has been instituted in which at least once a year, every employee of the hospital is to get a complete physical examination —including x-ray and serological tests.

FINANCES, STATISTICAL ET AL

A detailed analysis of our financial operations for the year 1941 is found at the end of this report. Also is found a statistical resume of the services rendered by the hospital.

| | | |
|---|-------------|--------------|
| Administration | 18,801.69 | 10,883.45 |
| Clinic Emergency | 1,036.28 | 1,027.08 |
| Dietary | 19,173.37 | 19,173.37 |
| Plant Maintenance-Landry | 15,911.56 | 23,179.11 |
| Equipment and Supplies | 1,358.27 | 4,808.78 |
| X-ray | 1,278.61 | 1,321.66 |
| Pharmacy | 1,193.82 | 5,785.34 |
| Operating-Delivery Rooms | 1,916.92 | 4,010.22 |
| Medical Service Records | 2,552.80 | 1,548.90 |
| Social Service | 1,191.33 | 2,119.74 |
| Sundry | - | - |
| Rosenwald Fund and Dillard University, Designated | 1,500.00 | 9,993.34 |
| | \$49,900.35 | \$60,003.29 |
| | | \$102,717.22 |
| NET OPERATING LOSS | \$6,826.17 | - |
| NET OPERATING GAIN | - | 113.74 |
| | | 45.68 |

Following
Ever since the hospital's organization, it has kept foremost the need of special training for members of the medical and administrative staff. In furtherance of this, Flint-Goodridge has been able to secure some scholarships for this study through the Julius Rosenwald Fund. During the past decade four men of our medical staff were sent away for postgraduate study. Some members of the administrative staff were given grants for study and improvement in their work.

Residents
Each year the hospital has given opportunity to four residents or interns to get their practical experience at Flint-Goodridge. Because of the teaching connections, and the high type of consulting service at Flint-Goodridge, internships and residencies have been considered attractive.

NURSING EDUCATION
The School of Nursing which was maintained by the original hospital was discontinued after the 1934 graduation of students from the new institution. Because of the lack of clinical material within the hospital and insufficient funds to promote a school of the standard set to loose a temporary closing. But interest in nursing education did not lessen. Since that time the hospital nursing service has been conducted by a staff of graduates. We have however realized that until we re-establish the school of nursing, the health education

COMPARATIVE STATEMENT
OF
EARNINGS, CONTRIBUTIONS AND EXPENSES

For the Years 1932, 1936 and 1941

EARNINGS

| | 1932 | 1936 | 1941 |
|--------------------------|-------------|-------------|-------------|
| Day Charges | \$15,139.41 | \$19,315.11 | \$39,694.15 |
| Clinic Emergency | 1,161.34 | 1,598.34 | 2,833.69 |
| Operating Delivery Rooms | 3,065.00 | 4,555.65 | 8,871.50 |
| X-Ray | 2,450.25 | 2,434.73 | 5,486.74 |
| Laboratory | 2,435.45 | 2,260.70 | 3,595.88 |
| Pharmacy | 1,259.30 | 4,317.58 | 7,119.21 |
| Sundry | 849.43 | 2,728.34 | 3,900.05 |
| Total Earnings | \$26,360.18 | \$37,210.45 | \$71,501.22 |

CONTRIBUTIONS

| | | | |
|---|-------------|-------------|-------------|
| Dillard University | 13,200.00 | 14,939.24 | 9,000.00 |
| Community Chest | 2,814.00 | 6,000.00 | 9,000.00 |
| City of New Orleans | - | - | 3,000.00 |
| Rosenwald Fund and Dillard University, Designated | 1,500.00 | - | 9,993.34 |
| Sundry | - | 1,967.34 | 268.34 |
| Total Contributions | \$17,514.00 | \$22,906.58 | \$31,261.68 |

TOTAL EARNINGS AND CONTRIBUTIONS \$43,874.18 \$60,117.03 \$102,762.90

EXPENSES

| | | | |
|---|-------------|-------------|--------------|
| Administration | \$7,679.85 | \$8,801.69 | \$10,883.45 |
| Clinic Emergency | 303.57 | 1,036.28 | 1,027.08 |
| Dietary | 9,169.46 | 10,282.19 | 19,173.37 |
| Plant Maintenance-Laundry | 15,555.81 | 15,911.56 | 23,179.11 |
| Nursing | 5,814.55 | 8,788.74 | 16,131.10 |
| Equipment and Supplies | 718.11 | 1,938.27 | 4,608.78 |
| Laboratory | 1,025.52 | 1,165.17 | 1,435.13 |
| X-Ray | 1,278.61 | 1,168.46 | 1,821.66 |
| Pharmacy | 1,193.82 | 4,390.78 | 6,785.34 |
| Operating-Delivery Rooms | 1,916.92 | 2,135.94 | 4,010.22 |
| Medical Service Records | 2,552.80 | 1,605.84 | 1,548.90 |
| Social Service | 1,191.33 | 2,778.37 | 2,119.74 |
| Sundry | - | - | - |
| Rosenwald Fund and Dillard University, Designated | 1,500.00 | - | 9,993.34 |
| Total | \$49,900.35 | \$60,003.29 | \$102,717.22 |

NET OPERATING LOSS \$6,026.17 - 113.74 45.68
NET OPERATING GAIN - 113.74 45.68

SOME PERTINENT FIGURES

| | 1932 | 1936 | 1941 |
|---|-------|--------|--------|
| 1. <u>Hospital Patients</u> | | | |
| Workmen's Compensation | 220 | 273 | 323 |
| Crippled Children | - | - | 95 |
| Other Full Pay | 165 | 415 | 561 |
| Part Pay | 176 | 224 | 424 |
| New Born | 63 | 181 | 348 |
| Free | 353 | 586 | 675 |
| Gynecology | 977 | 1,679 | 2,426 |
| Obstetrics | | | |
| Total | | | |
| 2. <u>Days of Care Given</u> | | | |
| Workmen's Compensation | 2,269 | 3,035 | 3,022 |
| Crippled Children | - | - | 3,618 |
| Other Full pay | 1,554 | 2,624 | 4,689 |
| Part Pay | 1,371 | 1,729 | 3,274 |
| New Born | 606 | 1,157 | 2,190 |
| Free | 3,888 | 5,508 | 6,651 |
| Surgical Operations | 9,688 | 14,053 | 23,444 |
| Total | | | |
| 3. <u>Individuals Admitted to Each Clinic</u> | | | |
| Medicine | 419 | 707 | 6,569 |
| Surgery | 356 | 697 | 767 |
| Dermatology | - | - | 85 |
| Pediatrics | 340 | 626 | 766 |
| Gynecology | 278 | 271 | 431 |
| Obstetrics | - | 206 | 419 |
| Urology | 114 | 170 | 296 |
| Ear, Nose and Throat | 249 | 339 | 404 |
| Eye | 102 | 149 | 371 |
| Dental | - | - | 715 |
| Special | - | 200 | 1,715 |
| Total | 1,858 | 3,365 | 12,538 |
| 4. <u>Clinic Visits</u> | | | |
| General Medicine | 2,035 | 2,948 | 8,082 |
| Syphilis | - | 3,080 | 28,397 |
| Tuberculosis | - | 223 | 1,154 |
| Surgery | 1,253 | 2,988 | 2,526 |
| Dermatology | - | - | 340 |
| Pediatrics | 1,242 | 2,095 | 2,180 |
| Gynecology | 803 | 1,032 | 1,504 |
| Obstetrics | - | 1,073 | 2,067 |
| Urology | 1,130 | 1,540 | 2,296 |
| Ear, Nose and Throat | 925 | 1,388 | 1,661 |
| Eye | 402 | 1,078 | 2,231 |
| Dental | - | - | 1,344 |
| Special | - | 200 | 1,720 |
| Total | 7,790 | 17,645 | 55,502 |

28 317
27. 105

COMPARATIVE STATEMENT OF EARNINGS, CONTRIBUTIONS AND EXPENSES
For the Years 1932, 1936 and 1941

| | 1932 | 1936 | 1941 |
|---|-------------|-------------|-------------|
| <u>EARNINGS</u> | | | |
| Day Charges | \$15,130.41 | \$19,312.11 | \$33,604.15 |
| Clinic Emergency | 1,161.34 | 1,228.34 | 5,833.69 |
| Operating Delivery Rooms | 3,062.00 | 4,252.62 | 8,871.50 |
| X-Ray | 2,420.22 | 2,434.73 | 2,486.74 |
| Laboratory | 2,432.42 | 2,500.70 | 3,222.88 |
| Pharmacy | 1,229.30 | 2,500.70 | 2,119.21 |
| Sundry | 849.43 | 4,317.28 | 3,200.02 |
| Total Earnings | \$36,300.18 | \$37,258.34 | \$57,201.22 |
| <u>CONTRIBUTIONS</u> | | | |
| Dillard University | 13,200.00 | 14,999.24 | 9,000.00 |
| Community Chest | 2,814.00 | 6,000.00 | 9,000.00 |
| City of New Orleans | - | - | 3,000.00 |
| Rosenwald Fund and Dillard University, Designated | 1,200.00 | - | - |
| Sundry | \$17,274.00 | \$22,906.28 | \$31,201.68 |
| Total Contributions | \$34,214.00 | \$43,905.52 | \$51,201.68 |
| <u>EXPENSES</u> | | | |
| Administration | \$7,679.82 | \$8,301.69 | \$10,883.42 |
| Clinic Emergency | 303.27 | 1,036.28 | 1,027.08 |
| Dietary | 9,169.46 | 10,282.19 | 19,173.37 |
| Plant Maintenance-Land | 12,222.81 | 12,917.26 | 23,179.11 |
| Nursing | 2,814.22 | 8,488.74 | 16,131.10 |
| Equipment and Supplies | 718.11 | 1,038.27 | 4,608.78 |
| Laboratory | 1,022.22 | 1,162.17 | 1,432.13 |
| X-Ray | 1,278.61 | 1,168.49 | 1,251.66 |
| Pharmacy | 1,193.82 | 4,320.78 | 6,782.34 |
| Operating-Delivery Rooms | 1,916.22 | 2,132.94 | 4,010.22 |
| Medical Service Records | 2,222.80 | 1,602.81 | 1,278.20 |
| Social Service | 1,191.33 | 2,778.37 | 5,119.74 |
| Sundry | - | - | - |
| Rosenwald Fund and Dillard University, Designated | 00.00 | 00.00 | 00.00 |
| Total Operating Loss | \$6,056.17 | \$6,003.28 | \$10,201.22 |
| <u>NET OPERATING GAIN</u> | | | |
| | | | |

SOME PERTINENT FIGURES

| 1. Hospital Patients | | | |
|--|--------|--------|--------|
| Free | 1932 | 1936 | 1941 |
| New Born | 176 | 162 | 250 |
| Part Pay | 63 | 162 | 250 |
| Other Full Pay | 323 | 181 | 323 |
| Crippled Children | 286 | 181 | 323 |
| Workmen's Compensation | 977 | 1,649 | 2,456 |
| Total | 1,975 | 2,899 | 4,002 |
| 2. Days of Care Given | | | |
| Free | 1932 | 1936 | 1941 |
| New Born | 1,254 | 1,254 | 1,254 |
| Part Pay | 1,371 | 1,371 | 1,371 |
| Other Full Pay | 606 | 1,152 | 1,152 |
| Crippled Children | 3,888 | 3,888 | 3,888 |
| Workmen's Compensation | 9,688 | 14,023 | 23,444 |
| Total | 15,867 | 22,948 | 31,937 |
| 3. Individuals Admitted to Each Clinic | | | |
| Medicine | 1932 | 1936 | 1941 |
| Surgery | 419 | 407 | 622 |
| Dermatology | 326 | 697 | 767 |
| Pediatrics | - | - | 82 |
| Gynecology | 340 | 656 | 166 |
| Obstetrics | 578 | 571 | 131 |
| Urology | - | 506 | 179 |
| Ear, Nose and Throat | 114 | 170 | 396 |
| Eye | 279 | 339 | 404 |
| Dental | 105 | 179 | 371 |
| Special | - | - | 172 |
| Total | 1,828 | 3,362 | 5,238 |
| 4. Clinic Visits | | | |
| General Medicine | 1932 | 1936 | 1941 |
| Gynecology | 5,032 | 5,032 | 5,032 |
| Tuberculosis | - | 3,080 | 3,080 |
| Surgery | 1,323 | 5,259 | 5,259 |
| Dermatology | 1,323 | 5,259 | 5,259 |
| Pediatrics | 1,323 | 5,259 | 5,259 |
| Gynecology | 1,323 | 5,259 | 5,259 |
| Obstetrics | 803 | 5,032 | 5,032 |
| Urology | - | 1,032 | 1,032 |
| Ear, Nose and Throat | 1,130 | 1,032 | 1,032 |
| Eye | 1,252 | 1,252 | 1,252 |
| Dental | 405 | 1,388 | 1,388 |
| Special | - | 1,028 | 1,028 |
| Total | 17,290 | 52,202 | 52,202 |

| | 1932 | 1936 | 1941 |
|--|---------|--------|--------|
| 5. <u>Individuals Served in Emergency Room</u> | 673 | 1,735 | 1,881 |
| 6. <u>Free Patients Admitted for Clinical Study</u> | | | |
| Medicine | 39 | 59 | 81 |
| Surgery | 91 | 146 | 182 |
| Pediatrics | 40 | 103 | 74 |
| Gynecology | 96 | 173 | 95 |
| Obstetrics | - | - | 79 |
| Urology | 9 | 14 | 14 |
| Ear, Nose and Throat | 73 | 85 | 114 |
| Eye | 5 | 6 | 34 |
| Dentistry | - | - | 2 |
| Total | 353 | 586 | 675 |
| 7. <u>Special Services Rendered Patients Treated</u> | | | |
| Surgical Operations | 541 | 743 | 1,008 |
| X-Ray Pictures | 520 | 620 | 3,141 |
| Laboratory Tests | 6,989 | 12,918 | 29,037 |
| Prescriptions Filled | 2,607 | 4,274 | 33,037 |
| 8. <u>Average Days Stay</u> | | | |
| All Patients | 9.9 | 8.4 | 9.7 |
| Workmen's Compensation | 10.3 | 11.1 | 9.3 |
| Other Full Pay | 8.5 | 6.3 | 8.4 |
| Crippled Children | - | - | 37.9 |
| Part Pay | 11.9 | 7.7 | 7.7 |
| Free | 11.0 | 9.4 | 9.8 |
| 9. <u>Cost Per Patient Day</u> | | | |
| All Patients | \$ 3.96 | \$3.19 | \$3.25 |
| Excluding Newly Born | 4.23 | 3.48 | 3.59 |
| 10. <u>Cost Per Clinic Visit</u> | 56¢ | 35.3¢ | 37¢ |
| 11. <u>Miscellaneous Statistics</u> | | | |
| Average Daily Patients | 29.2 | 38.4 | 64.2 |
| Percentage of Occupancy Free | 44.4 | 46.3 | 38.0 |
| Births (Including stillbirths) | 63 | 181 | 359 |
| Deaths | 45 | 55 | 49 |
| Percent Post Mortems | 60% | 32.7% | 9.3% |